

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		3				
5		3				
6		1				
7		1				
8		1				
9	1					
10		6				
11		6				
12		6				
13		6				
14	1					
15		1				
16		5				
17		5				
18		5				
19		5				
20	1					
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		2				
28						
29						
30						
31						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	63					
TOTAL CLAIMS	68					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						